



First Time Homebuyer (FTHB) Program
Homeownership Assistance
Soft Second Mortgage - Forgivable After 10 Years
HOME Investment Partnerships Program

Authorization for Drawdown of Funds

This form must be submitted to KHRC to confirm the actual amount of HOME funds needed to close. The amount indicated cannot exceed the amount originally reserved, but it may be less. This must be received by KHRC AT LEAST 10 working days prior to closing.

List all normal fees charged by lender which have been waived for match purposes: _____

Today's Date: _____

Homebuyer(s): _____

KHRC Confirmation/Loan #: _____

HOME Funds Requested: \$ _____

Closing Date: _____ Occupancy Date: _____

Payment should be sent to: Lender or Title/Closing Company (*circle one*)

Payment should be sent by: EFT or Paper Check (no wires) (*circle one*)

Lender: _____
Company Name _____ Complete Mailing Address _____

Title/Closing: _____
Company Name _____ Complete Mailing Address _____

*****Must be setup as KHRC vendor (W-9, Vendor Form, Bank Letter/Voided Check, Sam.gov)**

I certify the amount listed above is the confirmed amount of HOME funds requested for closing for this homebuyer. All of the amount will be used for the downpayment/closing costs.

Loan Officer's Printed Name

Loan Officer Signature

FOR STATE USE ONLY

Approved By: _____ Date: _____
Project #: _____

HOME Funding (EN): \$ _____ Recaptured (HP): \$ _____
HOME Funding Year & #: _____ / _____ FTHB Program Year: _____
IDIS #: _____ Voucher #: _____